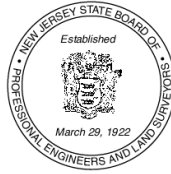


RESPONSES MUST BE TYPEWRITTEN

Date _____, _____



Application
number _____

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PROFESSIONAL ENGINEERS AND LAND SURVEYORS
P.O. Box 45015, NEWARK, NEW JERSEY 07101
(973) 504-6460

Engineer-in-Training Application

(To be completed by the applicant only.)

This application allows consideration for the fundamentals of engineering examination only.

I. GENERAL INFORMATION

1. _____
First name Middle Last Maiden name (if applicable)
2. _____
Street address City State ZIP code
3. _____
Home telephone number (include area code)
4. _____
Business affiliation
5. _____
Business address
6. _____
Business telephone number (include area code)
7. _____
Present position
8. _____
Date of birth Place of birth
9. Do you currently hold an accredited engineering degree? ☐ Yes ☐ No
Accredited engineering technology degree? ☐ Yes ☐ No
10. In what field of engineering do you specialize? _____
- 11a. Have you ever been refused a license to become an engineer-in-training or an intern engineer's certificate to practice engineering in another state or jurisdiction? ☐ Yes ☐ No
- b. Has your license or certificate been revoked in any state or jurisdiction? ☐ Yes ☐ No
- c. Has any disciplinary action been taken against you by any state licensing board? ☐ Yes ☐ No
- 12a. Have you ever been convicted of a crime (felony or misdemeanor)? ☐ Yes ☐ No
- b. Are charges now pending against you for a crime (felony or misdemeanor)? ☐ Yes ☐ No
- c. If the answer to any of the above questions in items 11 or 12 is "yes," submit a letter giving a complete explanation and include copies of all appropriate records.
13. Do you currently have on file an application with any other state? ☐ Yes ☐ No
If "yes," explain why you are also applying to New Jersey. _____

Attach an unmounted, recognizable and recent photograph, with your face not less than 3/4 of an inch wide.

A photograph taken more than six months prior to filing this application is not acceptable.

Do not use staples when attaching the photograph. Paste or cellophane tape may be used.

Application Fee: A certified check or money order payable to the State Board of Professional Engineers and Land Surveyors in the amount indicated must accompany this application. **Engineer-in-training application fee (nonrefundable): \$ 30.00**

II. PRESENT APPLICATION STATUS

Do you currently have on file, or have you ever filed for, an engineer-in-training application in New Jersey?

☐ Yes ☐ No If "yes," please supply the application number. _____

Fundamentals of Engineering: _____

Exam	State	Number of hours	Date	Application number
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III. REFERENCES OF CHARACTER AND QUALIFICATIONS

Give the name and address of three references not related to you. One of these references must hold a valid United States professional engineer's license and have knowledge of your experience or training. Upon receipt of the reference forms, the applicant must distribute one form to each individual listed as a reference. The signature of each person used as a reference is not required below.

(Fill out completely—do not refer to other forms, etc.)

Name	Address	Licensed in state of	License Number
Name	Address	Licensed in state of	License Number
Name	Address	Licensed in state of	License Number

IV. EDUCATION*

(Fill out completely—do not refer to other forms, etc.)

BACHELOR'S DEGREE IN ENGINEERING

Name and Location of Institution	Full-Time/Part-Time	Years (From/To)	Date Graduated	Curriculum	Degree Received
Name and Location of Institution	Full-Time/Part-Time	Years (From/To)	Date Graduated	Curriculum	Degree Received
Name and Location of Institution	Full-Time/Part-Time	Years (From/To)	Date Graduated	Curriculum	Degree Received

GRADUATE DEGREE IN ENGINEERING

Name and Location of Institution	Full-Time/Part-Time	Years (From/To)	Date Graduated	Curriculum	Degree Received
Name and Location of Institution	Full-Time/Part-Time	Years (From/To)	Date Graduated	Curriculum	Degree Received
Name and Location of Institution	Full-Time/Part-Time	Years (From/To)	Date Graduated	Curriculum	Degree Received

* *An official transcript with the application number on it must be submitted to the Board office directly from the institution. This requirement also applies to applicants educated in a foreign country.*

V. DETAILED STATEMENT OF EXPERIENCE

(Fill out completely - do not refer to other forms, etc.)

Engagement Number	Date, Month, Year From-To	DESCRIPTION OF EXPERIENCE This section should only be filled out by those applicants who are graduates of a foreign educational institution. For each engagement list experience in chronological order starting with the first position held by the applicant in the following format: a) The title of your position. b) The name and address of your employer. c) The name, address and license number of your immediate supervisor (if your supervisor was not a licensed professional engineer, then also furnish the name of the licensed professional engineer under whose supervision you were employed for each engagement). d) The character of the engagement. Describe the design work and other engineering work and specific projects explicitly in outlined statements. Include a description of the complexity of the work, the duties and degree of responsibility, and also state the time spent in design and other engineering work for each engagement.	Design Experience		Other Engineering Experience	
			(Experience must have been gained while under licensed supervision.)			
			Years	Months	Years	Months

VI. AFFIDAVIT (For notary public use only.)

State of _____ County of _____ SS: _____

_____, being duly sworn, says that he/she is the person who is referred to in this application for a certificate as an engineer-in-training in the State of New Jersey; that the statements herein contained are strictly true in every respect; and that he/she has complied with all requirements of law.

Sworn to before me this _____ day of _____ .

Signature of Notary Public

Signature of Applicant

Date commission expires

FOR OFFICE USE ONLY

[illegible]

Child Support Questions

Please certify, under penalty of perjury, the following:

1. Do you currently have a child-support obligation? ☐ YES ☐ NO
 - a. If "YES," are you in arrears in payment of said obligation? ☐ YES ☐ NO
 - b. If "YES," does the arrearage match or exceed the total amount payable for the past six months? ☐ YES ☐ NO
2. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ YES ☐ NO
3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ YES ☐ NO
4. Are you the subject of a child-support-related arrest warrant? ☐ YES ☐ NO

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

***Social Security Number:** _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or license renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number and/or federal taxpayer identification number, and where neither is possessed, the reason for not having such number. The Board is further obligated to provide these identifying numbers to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the HIP Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

I, _____, ☐ Consent ☐ Do Not Consent
Applicant's signature

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.